

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 16 / 2016	

Full Name of Payee Mack-Sumner Communications LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 12 / 2016	
Mailing Address 2001 N. Beauregard St. Suite 420		Amount 10454.36	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D368442
Purpose of Expenditure Direct Mail	Category/ Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 12 / 2016	
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1582332.04	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016	
Mailing Address 1720 I Street, NW Suite 550		Amount 55976.10	
City Washington	State DC	Zip Code 20006	Transaction ID : D368248
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2016	
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1582332.04	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	66430.46
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hudson, Gerald, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 20 / 2016

Signature

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		M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2016	

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016	
Mailing Address 1720 I Street, NW Suite 550		Amount 44699.68	
City Washington	State DC	Zip Code 20006	Transaction ID : D368249
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		1582332.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016	
Mailing Address 1720 I Street, NW Suite 550		Amount 9931.68	
City Washington	State DC	Zip Code 20006	Transaction ID : D368250
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Name of Federal Candidate BENNET, MICHAEL F, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		9931.68	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54631.36
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Mack-Sumner Communications LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016	
Mailing Address 2001 N. Beauregard St. Suite 420		Amount 10454.36	
City Alexandria	State VA	Zip Code 22311	Transaction ID : D368443
Purpose of Expenditure Direct Mail	Category/ Type 006	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016	
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1582332.04	

Full Name of Payee SEIU Florida State Council		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2016	
Mailing Address 14645 NW 77th Ave Suite 201		Amount 266.71	
City Hialeah	State FL	Zip Code 33014	Transaction ID : D368251
Purpose of Expenditure Canvassing Services	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2016	
Name of Federal Candidate CRIST, CHARLIE JOSEPH, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		304.81	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10721.07
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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		M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2016	

Full Name of Payee SEIU Florida State Council		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2016	
Mailing Address 14645 NW 77th Ave Suite 201		Amount 2133.68	
City Hialeah	State FL	Zip Code 33014	Transaction ID : D368252
Purpose of Expenditure Canvassing Services	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2016	
Name of Federal Candidate TRUMP, DONALD J, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1582332.04	

Full Name of Payee SEIU Florida State Council		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2016	
Mailing Address 14645 NW 77th Ave Suite 201		Amount 355.61	
City Hialeah	State FL	Zip Code 33014	Transaction ID : D368253
Purpose of Expenditure Canvassing Services	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2016	
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		1582332.04	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2489.29
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	134272.18

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